## Rec'd PCT/PTO 14 APR 2005

Page 1

				Attorney	Docket	wAK/102/PC/US			
				First Nan	ned Inventor	Theodora Calogeropoulou			
		CLARATION			COMPLETE IF KNOWN				
ם	ECL			Application	on Number				
				Filing Da	e				
i.				Group Ar	Group Art Unit				
				Examine	Examiner Name				
As a below named inventor, I hereby declare that:									
My residence, post office address, and citizenship are as stated below next to my name.									
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
Antiprotozoal Ring-Substituted Phospholipids									
the specification of which									
is attached hereto; OR									
☐ is attached hereto									
was amended on the e	xecuti	on date to conform to	the attached	specification.					
I hereby state that I ha	ave rev	riewed and understoo	d the conten	nts of the above	e-identified specification. i	ncluding the claims, as amended by			
any amendment specif					,	······································			
I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Codes of Federal Regulations, §1.56.  I hereby claim foreign priority under Title 35, United States Code § 119 (a)-(d) or § 365 (b) of any foreign application(s) for patent or inventor's certificate, or § 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of									
any PCT international a	applica	ntion having a filing da I			tion on which priority is cla				
Application Numbers				Filing Date D/YYYY)	Priority Claimed Yes No	Copy Attached Yes No			
Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:									
I hereby claim the benefit under Title 35, United States Code § 119 (e) of any United States provisional application(s) listed below:									
Application Number(s	Application Number(s) Filing Date (MM/DD/YY)			[ ] Additional provisional application					
60/422,383 10/30/2002				numbers are listed on a supplemental					

			•
DECL			M
DEGL	-474	1110	и

Page 2

Authority

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Title Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application. U.S. Parent Application Parent Filing Date Parent Patent Number **PCT Parent Number** Number (MM/DD/YYYY) (if applicable) Additional U.S. or PCT International application numbers are listed on a supplementary priority sheet attached hereto: As a named inventor, I hereby appoint in the registered practitioners associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office therewith, and direct that all correspondence be addressed to that Customer Number: 002543 Firm Name: Alix, Yale & Ristas, LLP **Customer Number:** I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. Name of Sole or First Inventor A petition has been filed for this unsigned inventor Given Middle Family Suffix CALOGEROPOULOU Theodora Initial Name Name Inventor's Date Signature GR-RESIDENCE: ZIP GR Attiki State Citizenship Country GR City 14564 **POST OFFICE** Proteos 32 St., Kifissia **ADDRESS** GR-Applicant ZIP GR City Attiki State Country Authority 14564 Name of Additional Joint Inventor, if any: [ ] A petition has been filed for this unsigned inventor Family Middle Given KOUFAKI Suffix Maria Name Initial Name Inventor's Date Signature GR-RESIDENCE: ZIP GR **Athens** State Country Citizenship GR City 11524 **POST OFFICE** Mardouheou Frizi 19 **ADDRESS** GR-Applicant ZIP GR City **Athens** State Country

11524

Additional inventors are being named on supplemental sheet(s) attached hereto.

Name of Additional Joint Inventor, if any: [ ] A petition has been filed for this unsign									ned inventor			
Given Name	I MIKUIS	Middle Initial				Family Name	AVLONITIS		Suffix			
Inventor's Signature								Date				
RESIDENCE: Att		Attiki		State			ZIP	GR- 18120	Country	GR	Citizenship	GR
	OFFICE	I Kraenae ZI Korinaline										
City	Attiki		State			ZIP	GR- 18120	Country	GR	Applicant Authority		
Additional inventors are being named on supplemental sheet(s) attached hereto.												
Name of Additional Joint Inventor, if any:  [ ] A petition has been filed for this unsigned inventor												
Given Name	'   Alevandros   ·····		Middle Initial		Family Name		MAł	MAKRIYANNIS		Suffix		
Inventor's Signature							Date					
RESIDENCE: City		Mystic		State	State CT		ZIP	06355	Country	US	Citizenship	US
	POST OFFICE ADDRESS 3 Thomas Street											
City	City Mystic			State CT		ZIP	06355	Country	us	Applicant Authority		
A	dditional inv	ventors are being n	amed on s	uppleme	ntal	sheet(s)	) attache	d hereto.				
Name	of Addition	al Joint Inventor, if	any:				[]	A petition has	s been filed fo	r this unsig	ned inventor	
	Given Name		Middle Initial			Family Name				Suffix		
Inventor's Signature										Date		
RESIDENCE: City				State			ZIP		Country		Citizenship	
POST OFFICE ADDRESS												
City	ty			State			ZIP		Country		Applicant Authority	
Additional inventors are being named on supplemental sheet(s) attached hereto.												

one of the second of the seco